P03000/35903

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500041516225

10/06/04--01006--013 **35.00



TRANSMITTAL LETTER

Division of Corporations

SUBJECT: D & Reventionals / (Name of Corporation)

DOCUMENT NUMBER: P0300013.5903

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

IRVIN S. Holcomb (Name of Person)

D & Reventionals / Name of Firm/Company)

286 NS (City/State and Zip Code)

For further information concerning this matter, please call:

LRVIN S. Holcomb at (772) 562-6/1/1

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

04 OCT -6 PM 5: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, Duff. Twith	hereby resign as_	Vice	(Title)
of D\$ S	(Name of Corporation)	<u>P</u>	
P03000/35903 (Document Number, if known)	a corporation organized und	der the laws	s of the State of
FLORIDA	<u></u> .		_

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314